235417

(Ca	aption of Cas ample: Applica	WTH CAROLINA se) ation for a Class C Charter Certificate from the control of the)) m)) BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA)		
				TRANSPORTATION COVER SHEET		
•	ensmi om on	conouge	ý))		
" Janes Conjunction)) DOCKET) NUMBER: 2010 - 341 - T		
(Please type or print))) If this is your first time filing an application with the PSC, you will not) have a Docket Number. The Commission will assign one to you. If you) have filed with the Commission before, a Docket Number was assigned) and should be entered above.		
	omitted by:	Posonio T. Spann	.	Telephone:	<u>L843)95</u>	1-8949
Address:		685 Burrose Ed		Fax:		
		AQL G-1		Other:		
	· · · · · · · · · · · · · · · · · · ·	MB, SC 29579		Email:		
as re	ΓΕ: The cover s equired by law. illed out comple	heet and information contained herein neither. This form is required for use by the Public Stely.	r replaces Service Co	nor supplement ommission of So	s the filing and servi buth Carolina for the	ce of pleadings or other papers purpose of docketing and must
		NATURE OF AC	CTION	(Check all tha	it apply)	
	Application	– Class C Taxi			Request to Amen	d Scope of Authority
	Application – Class C Charter				Request to Amend Tariff (rate increase, etc.)	
	Application - Class C Charter Bus				Request to Amen	d Passenger Limit
	Application – Class C Non-Emergency				Request	DECEMENT
	Application - Class E Household Goods				BECEIVED	
	Application - Class E Hazardous Waste				Late-Filed Exhibi	MAR 0 7 2012
	Application				Letter	PSC SC CLERK'S OFFICE
	Request for I	Extension to Comply with Order			Proposed Order	
	Request for Order Granting Authority to Obtain Certificate o Public Convenience and Necessity to Be Rescinded				Publisher's Affida	avit
	Request for Cancellation of Certificate				Reservation Lette	r
	Request for S	Suspension			Response	
Request for Reinstatement					Return to Petition	
Request for Name Change on Certificate					Other:	

CLASS C AMENDMENT FORM

File the original with:	Mail or fax a copy to:						
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815						
DATE: March 5, 2012							
I have the following Certificate:							
Class C Taxi # 8385 Class C Charter # Class C Charter Bus # Class C Non-Emergency #							
Please consider this as my request for the following amendment(s) to my Certificate:							
Name Change							
From: Antonio T. Spann DBA:							
(Current Name)	(Current DBA if applicable)						
TO: Andrew DB/ (New Name)	A: EQ:TO Thenesmaking (New DBA if applicable)						
Scope of Authority							
From: To	O;						
	(New Scope)						
From: To	D:						
(Current Limit Number)	(New Limit Number)						
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)						
(City, State, Zip Code)	(Signature)						
(843) 957-8242 (Telephone Number) (843) て96-2074	(Title) Owner, President, etc.						